				TED STATES BANKRUI STERN DISTRICT OF W	
In	re: S	hio hi	tani, Sean and otani, Ginger	Debtor(s).	Case Number: 13-15 92-CMA Petition for Payment of Unclaimed Funds
1.	I ar		[date(s)] Name: National Co Address: 8245 Tour	e total amount of \$,9 by the case trustee as unclai	230 Memphis, 71V 38125
2.	I be		I am the creditor/debtor name	d in paragraph 1, and the ov	the following [check the statement(s) that apply]: where of the funds appearing on the records of this ag a current driver's license and social security card
		b.	•		n paragraph 1, with authority to receive such funds, wer of Attorney to file this application on the behalf
		c.	successor-in-interest's represe and/or assignment.	ntative, as evidenced by the	r/debtor named in paragraph 1, or the assignee's or attached documents establishing chain of ownership
	5 4	d.	•	debtor named in paragraph	tion) or a general partner (if a partnership) and a 1, as demonstrated by the attached documentation,
		e.	•	ath certificate and other app	or/debtor named in paragraph 1, as evidenced by the propriate probate documents which substantiate my
		f.			videnced by the attached documents, I am entitled
	I ha			ty may be entitled to these fo	funds and I am not aware of any dispute regarding thes
1.	Purs	suar		•	niled a copy of this completed application (with all wart St., Ste. 5220, Seattle WA 98101-1271.
VÁW	118.F	FI (1/)	12/2010)	Application for Payment of Unclaimed Fun	nds - Page 1 of 2

I understand that, pursuant to 18 U.S.C. § 152, I shall be fined not more than \$5,000, or imprisoned not more than five years, or both, if I have knowingly and fraudulently made any false statements in this document or the accompanying supporting documents. I further understand that any indications of fraud detected by the Court will be turned over to the U.S. Attorney for possible prosecution.

I declare (or certify, or verify, or state) under penalty of perjury under the laws of the United States of America, that the foregoing statements and information are true and correct.

Dated:	1/27/16	Petitioner's Signature	296	
	1 1	Petitioner's Name	Freeman A. Marr	_
		Address	8245 Tournament Dr. Stc. 230	
			Memphis, TN 38125	
		Telephone Number	(901) 435-7026	_

NOTARY:

On this day, <u>January 27, 2016</u> , I certify that I know or have satisfactory evidence that (insert in signer) Freeman A. Marr	name and title of
signer) Freeman A. Marr	is the person
who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged the signed this instrument and acknowledged the signed that (he/she) signed the signed the signed the signed the signed that (he/she) signed the si	wledged it to be
(his/her) free and voluntary act for the uses and purposes mentioned in the instrument.	

(SEAL)

STATE
OF
TENNESSEE
NOTARY
PUBLIC
MY COMMISSION EXPIRES
JUNE 28, 2017

Notary Public

My commission expires

State of Tennessee

Residing at 4885 Briarcliff

Memphis, TN 38125